

Medical Advisory Committee

December 5, 2023

Via Teams

BWC Large Conference Room
220 French Landing Drive
Nashville, TN 37243

Members:

Rob Behnke , Cracker Barrel
Misty Williams, R.N., Travelers
Lisa Bellner, M.D.
Cerisia Cummings, D.O., Bridgestone
David Tutor, M.D.
Richard L. Cole, D.C., DACNB, DAAPM, FICCN,
FICC(H)
John Brophy, M.D.
Jeff Hazlewood, M.D.
David Tutor, M.D.
Ginny Howard
Lisa Hartman, R.N.
James Gregory Kyser, M.D.

Staff:

Troy Haley, Administrator, BWC
Robert Snyder, M.D., Medical Director, BWC
James Talmage, M.D., Asst. Medical Director, BWC
J. Wills Oglesby, M.D., Asst. Medical Director, BWC
Amanda Terry, BWC
Mark Finks, BWC
Suzy Douglas, BWC
Suzanne Gaines, BWC
Kyle Jones, BWC
Anne Zimmerman, BWC
Jennifer Schneider, BWC

Guests:

Spenser Nelson, MNA GR
Alex O'Neal, Arbicare
Jonathon May, Morgan and Morgan
Yarnell Beatty, TMA
Larry Brinton, Accuro Solutions
Faith Parrish, Vanderbilt
Susan Stewart, Coventry Workers' Comp
Cameron Ferry, Butler Snow
Adam Jaynes, Managed Government Relations

Via telephone:

In Person:

Rob Behnke, Cracker Barrel
Cerisia Cummings, D.O.
David Tutor, M.D.
John Brophy, M.D.
Jeff Hazlewood, M.D.
J. Wills Oglesby, M.D.

Call to Order

Dr. Tutor called the meeting to order at 1:02 PM.

Quorum

Mr. Finks took roll of the members; 12/17 a quorum was confirmed as present (1/3 members needed for a quorum).

Introductions were made.

Approval of Minutes

Dr. Tutor asked for a motion to accept the minutes of the September 5th meeting.

Dr. Cole motioned to accept, and Mr. Behnke seconded.

The committee voted to accept the minutes as written with no dissent.

Some conflict-of-interest statements need to be turned in. Suzy will notify those individuals.

Old Business

ODG Updates:

Dr. Snyder received the latest update on 12/4/2023 and it will be included in the next meeting. There were some criteria updates for diagnostic imaging.

Dr. Kyser sent Dr. Snyder an article on the use of Trazodone for the treatment of insomnia. The ODG has listed it as a N medication for insomnia; the medication itself is off label for use of insomnia. Trazodone is a generic medication, so it is not likely that there will be any studies to get FDA approval for insomnia with a medication that would not increase sales.

Dr. Kyser commented that the most common use for Trazodone is as a hypnotic. It is a bad antidepressant, but most people sleep better with it. Trazodone is well tolerated. Peer review reports suggest prescribing trazodone when they deny another medication. It is commonly used in pain management. Dr. Hazlewood commented that from a chronic pain standpoint, if it is not used with polypharmacy, opioids, or muscle relaxers people sleep better at night and their pain is better. It is non-addictive and there is no withdrawal. Many denials occur with Trazodone even though adjusters suggest that it should be tried before some of the other hypnotics.

Dr. Kyser made a motion that a recommendation should be made to the ODG to review Trazodone and place it as a wide drug for insomnia. Dr. Hazlewood seconded, and the committee approved the motion with no dissent.

Dr. Kyser stated that Dr. Snyder sent a letter to the Psychiatric Association, which would be sent to the membership. There is a Council similar to the Medical Payment Committee called the Executive Council, and Dr. Kyser is a member. He will meet with them next week and make comments at that time.

Medical Fee Schedule:

New rules for the medical fee schedule went in effect 9/25/2023 when the Secretary of State posted them. The first change in the rules was the set of Z codes to take the place of some CPT codes. The Z codes are specific to the state of Tennessee. There are special codes for missed appointments, IME's, case manager discussions, and extra questions on causation. There are increased rates for medical subspecialists with a special OP modifier to 180% of Medicare, which would include occupational medicine, psychiatry, pulmonology, and PM&R . There are some additional codes and increases for behavioral health evaluations and final medical reports. The handbook on the website has been updated with the new codes.

Certified Physicians Program:

The Certified Physicians Program went active on November 1st. The new modifier for the physicians who have completed the Certified Physicians Program is -CP. The BWC website will include the NPI numbers so adjusters will be able to look for the certified physicians that are on the registry and get their NPI number for billing. The NPI numbers are also on the national website.

Medicare guidelines as of 9/24/2023 and all Medicare guidelines for the date of service will be followed through to 12/31/2023. This includes Tennessee specific conversion factors and modifiers. As of 1/1/2024 through 3/31/2024, the Medicare guidelines that were in effect for 12/31/2023 will remain in place, including conversion factors.

The problem for workers' comp is that when Medicare announces reductions that go into effect January 1st, Congress will go back and retroactively increase those. That would work for Medicare billing because Medicare has all the billing records, and they can go back and reimburse the physicians who had billed through Medicare. This is a problem for workers' comp because each of the bills that any of the ~300 insurance companies would have printed to a provider would not get reimbursed according to the new Medicare rates.

From 4/1/2024 through 3/31/2025, providers should refer to the rate tables published by FairHealth. It is free to providers and available on a digital and downloadable format. There will be a link provided on the Bureau website. Around March 1st, the rate tables will become available to all providers.

It depends upon how soon Congress acts as to when FairHealth can turn those rate tables around. The Bureau will notify every contact they have listed including adjusters, insurance companies and all providers. The Z codes and their explanations will be included with the rate tables. The Z codes and the CP modifiers are in the updated fee schedule handbook published on the Bureau website.

The CPP went "live" effective 11/1. Ten physicians are fully registered, and another group of ~20 physicians are going through the educational modules.

Physicians who are already on the Medical Impairment Rating Registry can complete the education modules and get the free CME credits. They will be considered for the Certified Physician Program by their tenure with the MIRR.

REWARD Program:

Ms. Douglas gave an update for the Reward Employer Honor Roll. The deadline passed 11/15 and the applications are being evaluated. The honorees will be notified in January of 2024. The application process remains open, and any employer can apply now for recognition in 2025. The Formstack process will be open through 11/15/2024. The program will continue to be promoted with outreach to employers who did not apply for the honor roll and help them improve their return-to-work program.

There were 7 unique applications for this year. Some were from multiple sites: each individual employer location could apply, or one application could apply for multiple locations for an employer.

Rules and Legislation Update:

Ms. Terry presented the legislative update. The Certified Physicians' Program of November 1st and the Medical fee schedule rules 17, 18 and 19 that went into effect 9/25/2023. The General Assembly reconvenes 1/9/2024. The Medical Payment Committee, Medical Advisory Committee, and the Bureau sunset next year. They are recommended for another 5-year extension by unanimous approval of the GOV/OPS subcommittee.

Medical cannabis is expected back, but it is unknown what the bills will be until they are filed.

Mr. Haley reported that the Firefighter PTSD bill has had the rules drafted for the grant program, and those are with the Governor's office for review. When they are approved, a notice of rulemaking hearing will be filed with the Secretary of State and will let everyone know when the rulemaking hearing will be.

The PTSD bill goes into effect 1/1/2024.

Ms. Terry and Mr. Haley thanked the committee and Dr. Snyder for their work.

UR Report:

A new requirement went into effect in 2022 for utilization review organizations to report on their activity to the Bureau. The information they sent had to be processed into a usable form.

The Bureau must know what information is needed and create a form or checklist to get that information.

The information was put into three spreadsheets. The first is on the approximately 30 utilization review organizations that reported to the Bureau. There are about 70 organizations that do utilization review and are registered with Commerce and Insurance. Half of them responded, which is good for the first

year, but the input from all organizations is needed. Some of the organizations do many utilization reviews in Tennessee, such as Sedgwick and Travelers.

The second spreadsheet was a breakdown of the number of physicians listed by the companies. There are approximately 180 physicians who have done utilization reviews in Tennessee. Some physicians, probably around 40, have done more than 20 utilization reviews in the State of Tennessee. This is also broken down by the doctor and the specialty. There is a concentration of physicians; there are several companies that reported using the same physician. There is a lot of sub-contracting with the insurance companies in the UR organizations with providing physician reviews.

Ms. Williams asked if there was some separation between the utilization review process or peer review which is done by a physician reviewer and utilization review level one performed and approved by nurses. The number of utilization reviews approved by nurses would be counted in the total number of utilization reviews, but they were not actually sent to physician peer review. Dr. Snyder pointed out that the first page of the spreadsheet shows that Travelers has only 106 denials, so that would be the figure that gives an idea of approvals versus denials. Ms. Williams replied that she wanted to make sure that an appropriate number of things were being sent over versus making sure patients are getting their treatment quickly.

The Bureau wants to capture the reviews and denials. For example, the Bureau rarely sees an appeal on a denial from Travelers.

Dr. Snyder commended Ms. Matchem, Utilization Review Specialist, who compiled the figures.

Occupational Medical Clinics:

Last meeting, Dr. Snyder asked for comments concerning occupational medical clinics but has received none.

Dr. Tutor stated that in the onsite medical clinics where he works, they do panels so every injured worker gets a choice of 3 providers. A first report of injury is filed no matter how minor the injury. At least 90% of injured workers choose the onsite medical clinic when they choose from their panel. Eighty percent of the injuries are minor. The employers insist that each injury is reported, no matter how minor. Most of these injuries don't require medical treatment, just first aid. The other 20% can vary from wounds that need suturing to fatalities.

Employers that commit to the expense of having on-site clinics are invested in the long-term good health and well-being of their employees, in addition to controlling their workers comp dollars.

Onsite nurses and nurses in the clinics end up being about 90% contract staff, so they are not directly employed by the company. Onsite clinic nurses have no interactions with offsite healthcare providers other than scheduling appointments. They do not attend visits with the injured workers. If anyone goes with them, it is a certified nurse case manager that's with a third-party organization, provided by the insurance company.

COVID Update:

As of 9/30/2023, there were 14,997 COVID claims filed in Tennessee. There were first payments made on 1,646 of the claims. There were 52 fatalities where the first report was filed for COVID, but not all were accepted as COVID compensable. There is 1 claim for long COVID which is presently in mediation. There have been very few claims for long COVID.

The 14,997 claims filed included claims where individuals were required to stay home for quarantine purposes. If their employer paid for their time off, it would have been reported as a COVID claim but there were no workers' comp benefits paid. At the present time, this is being followed quarterly.

The Bureau has not seen many long-COVID claims under workers' compensation. The COVID claim itself would have to be covered under WC before a long COVID claim could be approved. In 2023, there were 169 cases. In 2020, there were 6,000 cases; 2021 had 5,400; 2022 had 2,700.

Ms. Hartman asked if the cases were divided out in occupations. The Bureau did not do this, but NCCI has nationwide statistics: 30% of overall compensable claims approved were in healthcare workers, and 20% were in non-medical service workers. The statistics are all on the NCCI website.

New Business:

NCCI Report:

The Bureau received the annual medical data report from NCCI at the end of September for the service year 2022. They analyzed 1.2 million transactions on 61,000 claims, which were 94% of the commercial premiums paid.

In the state of Tennessee, they paid \$242,000,000.00 of medical payments to providers in Tennessee. Sixty-three percent of the total benefits paid are medical, which is higher than the region or the nation. This may have something to do with the fact that indemnity payments in Tennessee are lower than the payments in the region and the nation on average. This would skew the percentage upward toward the medical costs being higher. The distribution of payments to different medical groups is about the same.

Physician payments as a percentage of Medicare is higher than the region. It's mixed when it comes to differences in the national averages because some states have no fee schedules, and some states go to 300% of Medicare.

Shoulder treatment (surgery costs, initial treatment, radiology, physical therapy, anesthesia in surgery) led all other body parts in medical payments paid.

Inpatient treatment costs in Tennessee are slightly higher than in the region and the nation and Medicare equivalents.

There is higher use of ambulatory surgery and diagnostic centers and slightly lower use of hospital outpatient services than in the region and the nation. Providers and insurers are using non-hospital-

based services for outpatient surgery, diagnostic procedures, and other services of that type. They seem to have better control over costs than sending patients to the hospital affiliated outpatient centers.

Prescription drug spending is on par with the region and nation, however, schedule 2 drugs, which are opioids, are prescribed and filled more than in the region or nation by 5%. Tennessee is significantly higher in opioid prescriptions and filled prescriptions. Ten percent more of the claims have opioids written for them than in the nation. The average number of milligram equivalence is 35% higher than in the nation. There is a significant problem with the number of opioids still being prescribed. The average morphine equivalent is about 1800 per year.

Almost all the differences between the percentage of opioids being prescribed has to do with claims that are over 10 years old. The older claims seem to be generating the significant difference in the number of opioids being prescribed. Data shows that figures have fallen since 2018, but Tennessee is still above the rest of the nation.

It is difficult to get patients with old claims down or off opioids. Dr. Hazlewood said the future is the key; not to do what has been done in the past. It is a mindset of how to approach pain. Surgeons are doing better by not writing prescriptions for 6 months and then turning patients over to pain management.

Dr. Tutor said that in the acute setting, they use an ibuprofen-Tylenol combination that is effective.

As a group, the benzodiazepines have the most prescriptions written in the state of Tennessee for workers' comp. The single prescription is gabapentin.

Announcement:

The committee congratulated Ms. Douglas for receiving the 30-year award in December.

Dr. Snyder wished everyone Happy Holidays and thanked everyone for their participation.

Next Meeting: 3/12/2024

Adjournment: 2:02 PM

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